

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

|    | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|----|----------|-----|---------------------|-----|---------------------|-----|
|    | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1  |          |     |                     |     |                     |     |
| 2  |          |     |                     |     |                     |     |
| 3  |          |     |                     |     |                     |     |
| 4  |          |     |                     |     |                     |     |
| 5  |          |     |                     |     |                     |     |
| 6  |          |     |                     |     |                     |     |
| 7  |          |     |                     |     |                     |     |
| 8  |          |     |                     |     |                     |     |
| 9  |          |     |                     |     |                     |     |
| 10 |          |     |                     |     |                     |     |
| 11 |          |     |                     |     |                     |     |
| 12 |          |     |                     |     |                     |     |
| 13 |          |     |                     |     |                     |     |
| 14 |          |     |                     |     |                     |     |
| 15 |          |     |                     |     |                     |     |
| 16 |          |     |                     |     |                     |     |
| 17 | /        |     |                     |     |                     |     |
| 18 |          |     |                     |     |                     |     |
| 19 |          |     |                     |     |                     |     |
| 20 |          |     |                     |     |                     |     |
| 21 |          |     |                     |     |                     |     |
| 22 |          |     |                     |     |                     |     |
| 23 |          |     |                     |     |                     |     |
| 24 |          |     |                     |     |                     |     |
| 25 |          |     |                     |     |                     |     |
| 26 | /        |     |                     |     |                     |     |
| 27 |          |     |                     |     |                     |     |
| 28 |          |     |                     |     |                     |     |
| 29 |          |     |                     |     |                     |     |
| 30 |          |     |                     |     |                     |     |
| 31 | /        |     |                     |     |                     |     |
| 32 | /        |     |                     |     |                     |     |
| 33 | /        |     |                     |     |                     |     |
| 34 |          |     |                     |     |                     |     |
| 35 |          |     |                     |     |                     |     |
| 36 |          |     |                     |     |                     |     |
| 37 |          |     |                     |     |                     |     |
| 38 |          |     |                     |     |                     |     |
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| 41 |          |     |                     |     |                     |     |
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| 44 |          |     |                     |     |                     |     |
| 45 |          |     |                     |     |                     |     |
| 46 |          |     |                     |     |                     |     |
| 47 |          |     |                     |     |                     |     |
| 48 |          |     |                     |     |                     |     |
| 49 |          |     |                     |     |                     |     |
| 50 |          |     |                     |     |                     |     |

TOTAL IND.

3



TOTAL DEP.

14



TOTAL CLAIMS

17



TOTAL IND.

1



TOTAL DEP.

1



TOTAL CLAIMS

1

